



DIVISION OF VOCATIONAL REHABILITATION (DVR)  
**Highline Community College, PETS**  
**Phase 3.0 Summer Internship Report**

EXHIBIT F

REPORTING PERIOD  to	TOTAL NUMBER OF PHASE 3.0 STUDENTS SERVED THIS PERIOD	
<b>Phase 3.0: Summer Internship</b>		
STUDENT'S NAME OR IDENTIFIER	INTERNSHIP SITE / EMPLOYER	
INTERNSHIP PHYSICAL ADDRESS AND PHONE NUMBER	HOURS WORKED THIS PERIOD	POSITION HELD
Activity performed: <b>Choose one.</b> Percentage of total time during this period devoted to this activity for this student: % Detail of activity performed:		
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Attach additional sheets as necessary. Percentages should total 100%.



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Invoice attached:  Yes  No

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